



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

JANET OLSZEWSKI  
DIRECTOR

## **SOCIAL WORKERS/CERTIFIED SOCIAL WORKERS**

Effective January 1, 2004, all applicants for Social Workers or Certified Social Workers are required to pass an examination prior to becoming registered in the state of Michigan.

Applicants for **social worker registration** are required to pass the **ASWB Basic** examination.

Applicants for **certified social worker registration** are required to pass the **ASWB Clinical** examination.

To begin this process, the enclosed application, fee and all required documentation must be sent to the Board of Social Workers, P.O. Box 30670, Lansing, MI 48909. Once all the necessary documentation is received, the applicant will be sent an Association of Social Work Boards (ASWB) Candidate Handbook that contains information about how to apply to take the appropriate examination.

The applicant will then register with ASWB to take the appropriate examination. ASWB will send the applicant an authorization letter that will include instructions on how to schedule the examination. The exams are administered in a computerized format in over 150 test centers across the United States.

Results of the examination will be provided to the examinees at the test center and officially reported to the applicant by the Board office approximately three weeks after the date of testing. If all requirements for registration have been met, the registration will be issued.

More information about the examinations can be obtained at [www.aswb.org](http://www.aswb.org).

Michigan Department of Community Health  
**Board of Social Workers**  
P.O. Box 30670  
Lansing, Michigan 48909  
(517) 335-0918

## **SOCIAL WORK REGISTRATION INSTRUCTIONS**

Authority: P.A. 368 of 1978, as amended  
This form is for information only.

**NOTE:** It is your responsibility to have all the required documentation sent to the Board of Social Workers. Questions regarding your application can be directed to the Michigan Board of Social Workers at (517) 335-0918 three weeks after the date you sent the application. Applications submitted without the applicant's signature and date will be returned. Please allow 4-6 weeks processing time.

### **INSTRUCTIONS FOR SOCIAL WORK TECHNICIAN REGISTRATION**

Applicants for Social Work Technician registration must have completed an associate's degree in Social Work that includes not less than 15 semester or 24 quarter hours of social work courses and a field placement or internship of not less than 350 hours under the supervision of a Certified Social Worker **OR** completed an associate's degree accredited by the Council on Social Work Education for the Accreditation of Social Work Education Programs.

Applicants not holding an associate's degree as described above must have completed either 2 years of college with a minimum of at least 60 semester or 90 quarter hours of college level courses, including not less than 15 semester or 24 quarter hours of social work courses and a field placement or internship of not less than 350 hours under the supervision of a Certified Social Worker **OR** have one year (2,000 hours) of social work experience under the supervision of a CSW. All experience shall be obtained after the completion of the educational requirements. In addition, applicants must be currently employed in social work.

1. Complete the application and return it to the Board of Social Workers with the appropriate fee. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid. Failure to correctly complete the application in its entirety may delay the processing of your application.
2. Submit the *Certification of Social Work Education* form to your educational institution for completion. The Certification of Social Work Education form and final, official transcripts must be sent directly to this office by your educational institution.
3. Submit the *Supervisor's Verification of Social Work Experience* form to your CSW supervisor for completion. Your CSW supervisor must submit this form and a copy of your position description directly to this office. A separate form and position description must be submitted by your supervisor for each work experience/employment.
4. If you have ever been registered/licensed in another state, a *Verification of Registration/Licensure* form must be received in this office directly from the other state(s). Forward the verification form to the licensing agency in each state for completion. The form must be returned directly to this office by the licensing agency.

### **INSTRUCTIONS FOR SOCIAL WORKER REGISTRATION**

Applicants for Social Worker registration based on a bachelor's or master's degree (not in social work) from an accredited college/university must have two or more years (4,000 hours) of social work experience under the supervision of a CSW, and currently employed in social work. All experience must be obtained after completion of the bachelor's or master's degree.

The requirements of two years of social work experience and current employment in social work is waived for applicants for Social Worker registration based on a master's degree in Social Work or current enrollment in a graduate school of social work that is accredited by the **Council on Social Work Education for the Accreditation of Social Work Education Programs**.

Applicants for Social Worker registration based on a bachelor's degree from a program accredited by the **Council on Social Work Education for the Accreditation of Social Work Education Programs** must have two or more years (4,000 hours) of social work experience under the supervision of a CSW. All experience must be obtained after the completion of the bachelor's degree. Current employment in social work is not required.

1. Complete the application and return it to the Board of Social Workers with the appropriate fee. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid. Failure to correctly complete the application in its entirety may delay the processing of your application.
2. Submit the *Certification of Social Work Education* form to your educational institution for completion. The *Certification of Social Work Education* form must be sent directly to this office by your educational institution along with final official transcripts. If you are currently enrolled in an accredited graduate school of social work, the school in which you are currently enrolled must submit the *Certification of Social Work Education* form.
3. Submit the *Supervisor's Verification of Social Work Experience* form to your CSW supervisor for completion. Your CSW supervisor must submit this form and a copy of your position description directly to this office. A separate form and position description must be submitted by your supervisor for each work experience/employment.
4. If you have ever been registered/licensed in another state, a *Verification of Registration/Licensure* form must be received in this office directly from the other state(s). Forward the verification form to the licensing agency in each state for completion. The form must be returned directly to this office by the licensing agency.
5. Applicants for Social Worker Registration are required to pass the ASWB Bachelors Examination. Once the documentation in #1 - #4 above is received, you will be sent a letter that states you are eligible for the exam and an ASWB Candidate Handbook. More information about the exam is available at [www.aswb.org](http://www.aswb.org). You may not register for the exam until you receive the eligibility notice from our office.
6. After you have registered for the exam, you will receive an Authorization Number and instructions about how to schedule your exam. The exams are administered in a computerized format in over 150 test centers across the United States. You must take the examination within one year from the date you receive your Authorization Number.

## **INSTRUCTIONS FOR CERTIFIED SOCIAL WORKER REGISTRATION**

Applicants for Certified Social Worker registration must have a Master's degree in Social Work from a program accredited by the **Council on Social Work Education for the Accreditation of Social Work Education Programs** and 2 or more years (4,000 hours) of social work experience under the supervision of a CSW. All experience shall have been obtained after the completion of the MSW degree.

1. Complete the application and return it to the Board of Social Workers with the appropriate fee. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid. Failure to correctly complete the application in its entirety may delay the processing of your application.
2. Submit the *Certification of Social Work Education* form to your educational institution for completion. The *Certification of Social Work Education* form must be sent directly to this office by your educational institution along with final official transcripts.

3. Submit the *Supervisor's Verification of Social Work Experience* form to your CSW supervisor for completion. Your CSW supervisor must submit this form and a copy of your position description directly to this office. A separate form and position description must be submitted by your supervisor for each work experience/employment.
4. If you have ever been registered/licensed in another state, a *Verification of Registration/Licensure* form must be received in this office directly from the other state(s). Forward the verification form to the licensing agency in each state for completion. The form must be returned directly to this office by the licensing agency.
5. Applicants for Social Worker Registration are required to pass the ASWB Clinical Examination. Once the documentation in #1 - #4 above is received, you will be sent a letter that states you are eligible for the exam and an ASWB Candidate Handbook. More information about the exam is available at [www.aswb.org](http://www.aswb.org). You may not register for the exam until you receive the eligibility notice from our office.
6. After you have registered for the exam, you will receive an Authorization Number and instructions about how to schedule your exam. The exams are administered in a computerized format in over 150 test centers across the United States. You must take the examination within one year from the date you receive your Authorization Number.

## **GENERAL INFORMATION**

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Social Workers in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Social Workers in writing to request a refund.
3. ***If you require special testing accommodations because of a disability, you must submit a letter indicating the accommodation requested and your disability. You must also submit a letter verifying the disability and the requested accommodation from a licensed health provider capable of making the diagnosis. In addition, please include a letter or other documentation from school personnel verifying the accommodations made during your education. These documents should be submitted when you submit your license application and preferably prior to that date. The information should be sent to: DCH, Bureau of Health Professions, ATTN: ADA Request, P.O. Box 30670, Lansing, MI 48909.***

***When you receive your ASWB Candidate Handbook, you must also complete the Application for Disability Accommodations Form that is in the handbook. There is one page for you to complete and one page for your treating health practitioner. Both of these pages must be sent to: DCH, Bureau of Health Professions, ATTN: ADA Request, P.O. Box 30670, Lansing, MI 48909.***

ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE FOR A TWO-YEAR PERIOD.

# **APPLICATION FOR A SOCIAL WORK REGISTRATION**

Authority: Public Act 368 of 1978, as amended.  
If this form is not completed, a license will not be issued.

## **Type or Print Only**

<b>I AM APPLYING FOR THE FOLLOWING:</b> <input type="checkbox"/> <b>Certified Social Worker Fee: \$40.00 71-6801-01</b>  <input type="checkbox"/> <b>Social Worker - Fee: \$40.00 71-6801-02</b>  <input type="checkbox"/> <b>Social Work Technician - Fee: \$40.00 71-6801-03</b>			Board Use Only	
			Registration Number	
			Date of Registration	
Your check or money order drawn on a US financial institution and made payable to the <b>STATE OF MICHIGAN</b> must accompany this application. <b>DO NOT SEND CASH.</b> Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.				
First Name		Middle Name		Last Name
U.S. Social Security Number		Date of Birth		Daytime Telephone Number
Street Address				
City		State		ZIP Code
All Previous Names and/or Birth Name Used (if applicable)				
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes				Michigan Registration Number and Expiration Date

**Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.**

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name
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9. Do you hold or have you held a social work registration or license in any state(s)? List each state, the license number, the date issued, and how it was obtained. DO NOT LIST TEMPORARY LICENSES. ☐ Yes ☐ No  
**You must have each state board verify licensure directly to this board office.**  
 (Attach additional sheets if necessary.)

State	Permanent License Number	Date of Issue	Obtained by (Exam/Endorsement)

### EDUCATIONAL RECORD

Provide a chronological record of your educational preparation. Attach additional sheets if necessary.

Name and Address of College	Major Area of Study	Degree	Graduation Date

### SOCIAL WORK EXPERIENCE

**ALL QUALIFYING EXPERIENCE MUST:**

1. Have been obtained after completion of required education.
2. Have been completed under the supervision of a Michigan Certified Social Worker (CSW) or the equivalent License/Registration in another state.
3. Be verified by the CSW Supervisor on the separate Supervisor's Verification of Applicant's Social Work Experience Form.

FROM: (Month, Day, Year)	TO: (Month, Day, Year)	EMPLOYER'S NAME AND ADDRESS	POSITION OR TITLE HELD	HOURS PER WEEK	SUPERVISOR'S NAME AND REGISTRATION NUMBER
					68-01-
					68-01-

### CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date
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**Board of Social Workers**

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

**SUPERVISOR'S VERIFICATION OF SOCIAL WORK EXPERIENCE**

Authority: Public Act 368 of 1978, as amended.  
If this form is not completed, a license will not be issued.

**THIS FORM MUST BE SUBMITTED WITH A SUPPORTING POSITION DESCRIPTION DIRECTLY TO THIS OFFICE BY THE SUPERVISOR(S) WHO IS VERIFYING SOCIAL WORK EXPERIENCE. IF SUBMITTED BY APPLICANT, IT WILL NOT BE ACCEPTED**

**A SEPARATE SUPERVISOR'S VERIFICATION OF SOCIAL WORK EXPERIENCE FORM AND SUPPORTING POSITION DESCRIPTION MUST BE SUBMITTED FOR EACH WORK EXPERIENCE/EMPLOYMENT.**

**THE SUPERVISOR MUST BE A MICHIGAN CERTIFIED SOCIAL WORKER. IF SOCIAL WORK EXPERIENCE IS GAINED IN ANOTHER STATE, THE SUPERVISOR MUST HOLD A MASTER'S DEGREE IN SOCIAL WORK. IF THE SUPERVISOR DOES NOT MEET ONE OF THESE REQUIREMENTS HE/SHE CANNOT VERIFY WORK EXPERIENCE.**

**WORK EXPERIENCE REQUIREMENTS: AT ALL LEVELS, WORK EXPERIENCE MUST BE EARNED FOLLOWING THE COMPLETION OF THE EDUCATIONAL REQUIREMENTS.**

**INSTRUCTIONS TO APPLICANT FOR COMPLETING SECTION I**

Complete Section I. Type or print your name exactly as it appears on your application and forward to your supervisor.

A separate form must be used for each work experience/employment.

Applicant's Name (Last, First, MI)	Social Security Number	Telephone Number
Street Address	City, State, Zip Code	
Type of Registration You Are Applying For:		
<input type="checkbox"/> Certified Social Worker	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Social Work Technician

**Social Work Technician:** 1 year (2,000 hours) of experience in social work.  
An associates degree in Social Work waives work experience requirement.

**Social Worker:** 2 years (4,000 hours) of experience in social work.  
Requires a Bachelor's or master's degree in any educational program.  
Enrollment in a graduate program for Social Work waives the work experience requirement.

**Certified Social Worker:** 2 years (4,000 hours) of experience in social work - requires a master's degree in Social Work.

**INSTRUCTIONS TO SUPERVISOR**

Type or print the remainder of this form and mail it directly to the Board at the address given above.

Supervisor's Name (Last, First, MI)	
Name of State in which you were licensed at the time you provided supervision to applicant	Registration/License Number
What was your level of Certification or License at the time you provided supervision?	
What was the highest Social Work degree you held at the time of supervision?	
Applicant's Place of Employment (Organization Name and Complete Address)	
What was the Applicant's title at the time of supervision?	

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name
**INSTRUCTIONS TO SUPERVISOR FOR COMPLETING SECTION 3:****Report the date of employment and hours worked:**

- 1) Enter the beginning and ending dates (month, date, year) the applicant worked under your supervision.
- 2) Enter the number of hours the applicant worked per week.  
(If hours worked per week vary, enter the average number of hours worked per week.)
- 3) Enter the total number of hours the applicant worked.

The applicant worked under my supervision from \_\_\_\_\_ to \_\_\_\_\_  
 at the rate of \_\_\_\_\_ hours per week for a total of \_\_\_\_\_ hours worked.

**INSTRUCTIONS TO SUPERVISOR FOR COMPLETING SECTION 4:****Reporting work experience percentages:**

- 1) From the following list of work duties, check the specific tasks performed by the applicant.
- 2) From 100%, enter what percentage of time the applicant spent doing each task.

**Guideline:**

Social Work Technician - at least 50% of time should be spent in tasks 1-3

Social Worker - at least 50% of time should be spent in tasks 4-8

Certified Social Worker - at least 50% of time should be spent in tasks 8-15

**THE COMBINED TOTAL OF PERCENTAGES SHOULD EQUAL NO MORE THAN 100 PERCENT**

- |                                                                                                     |         |
|-----------------------------------------------------------------------------------------------------|---------|
| <input type="checkbox"/> 1 Interview clients to obtain data                                         | _____ % |
| <input type="checkbox"/> 2 Provide clients information on available services                        | _____ % |
| <input type="checkbox"/> 3 Provide linkages to community services/resources                         | _____ % |
| <input type="checkbox"/> 4 Assessment, planning, and intervention                                   | _____ % |
| <input type="checkbox"/> 5 Case management                                                          | _____ % |
| <input type="checkbox"/> 6 Referral and monitoring                                                  | _____ % |
| <input type="checkbox"/> 7 Planning and collaborating with organizations to improve health services | _____ % |
| <input type="checkbox"/> 8 Social casework                                                          | _____ % |
| <input type="checkbox"/> 9 Psychosocial assessment                                                  | _____ % |
| <input type="checkbox"/> 10 Diagnosis of mental, emotional, or behavioral disorders                 | _____ % |
| <input type="checkbox"/> 11 Treatment of mental, emotional, or behavioral disorders                 | _____ % |
| <input type="checkbox"/> 12 Provide counseling                                                      | _____ % |
| <input type="checkbox"/> 13 Provide psychotherapy                                                   | _____ % |
| <input type="checkbox"/> 14 Social Group Work                                                       | _____ % |
| <input type="checkbox"/> 15 Provide social/health services to the community                         | _____ % |

The Public Health Code requires that: 1) the supervisor be available on a regularly scheduled basis to review the practice of the applicant, to provide consultation, to review records, and to further educate the applicant; 2) there must be continuous availability of direct communication in person or by radio, telephone, or telecommunication.

 Did your supervision fulfill this agreement?    ☐ YES    ☐ NO

I certify that the information provided by me regarding this applicant's social work experience is a true representation of experience gained.

 Signature of Supervisor

 Date



Michigan Department of Community Health  
**Board of Social Workers**  
P.O. Box 30670  
Lansing, MI 48909  
(517) 335-0918  
[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

**CERTIFICATION OF SOCIAL WORK EDUCATION**

Authority: Public Act 368 of 1978, as amended  
If this form is not completed, a license will not be issued.

**INSTRUCTIONS:** Complete Section I. Type or print your name exactly as it appears on your application. For completion of Section II, send this form to the Director of your education program or the Registrar of the institution in which you completed your course work or social work degree. **This certification must be submitted directly to the Michigan Board of Social Workers by your educational institution along with a final official transcript.**

**SECTION I - APPLICANT INFORMATION**

First Name	Middle Name	Last Name
U.S. Social Security Number		Date of Birth
Street Address		
City		
State		ZIP Code
Name and Address of Educational Institution		Degree Awarded (if Applicable)
Date of Admission		Date of Completion

Signature of Applicant	Date
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**APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO YOUR EDUCATIONAL INSTITUTION FOR COMPLETION OF SECTION II ON THE NEXT PAGE.**

Name

**THIS SIDE TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION**

Please complete the following information. Return this completed certification **along with a copy of the applicant's transcript** directly to the Michigan Board of Social Workers at the address shown on the reverse side of this form.

**SECTION II - CERTIFICATION OF EDUCATION FOR SOCIAL WORK**

Name of Educational Institution

I certify that \_\_\_\_\_ attended the  
(Applicant's Name)

educational institution named above from \_\_\_\_\_ to \_\_\_\_\_ was granted  
(Month/Day/Year) (Month/Day/Year)

the following degree and/or completed the course work as checked below:

☐ Master's degree in Social Work granted on \_\_\_\_\_  
(Month/Day/Year)

☐ Bachelor's degree in Social Work granted on \_\_\_\_\_  
(Month/Day/Year)

☐ Bachelor's degree in \_\_\_\_\_ granted on \_\_\_\_\_  
(Month/Day/Year)

If applying for SWT:

☐ This degree included at least 15 semester or 24 quarter hours of social work courses

☐ This degree included a field placement or internship of 350 hours of experience under the supervision of a Certified Social Worker

☐ Associate degree in Social Work granted on \_\_\_\_\_  
(Month/Day/Year)

☐ This degree included at least 15 semester or 24 quarter hours of social work courses

☐ This degree included a field placement or internship of 350 hours of experience under the supervision of a Certified Social Worker

☐ Two years of college education with the completion of at least 60 semester or 90 quarter hours.

☐ This course work included at least 15 semester or 24 quarter hours of social work courses

☐ This course work included a field placement or internship of at least 350 hours of experience under the supervision of a Certified Social Worker

☐ Currently enrolled in a graduate school for social work.

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Program

( S E A L )

If school has no seal, please indicate

Michigan Department of Community Health  
**Bureau of Health Professions**  
P.O. Box 30670  
Lansing, MI 48909  
[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

## VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

**PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.**

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Chiropractic <input type="checkbox"/> Counseling <input type="checkbox"/> Dentistry <input type="checkbox"/> Marriage & Family Therapy <input type="checkbox"/> Medicine	<input type="checkbox"/> Nursing <input type="checkbox"/> Nursing Home Adm. <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Optometry <input type="checkbox"/> Osteopathy	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician's Assistants <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychology
<input type="checkbox"/> Sanitarians <input type="checkbox"/> Social Work <input type="checkbox"/> Veterinary		
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State.  
Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

**PART II: To be completed by the State Licensing Board.**

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

### CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

( S E A L )

\_\_\_\_\_  
Title

\_\_\_\_\_  
Full Name of Licensing Board